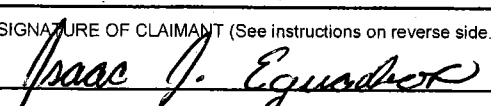


CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: Court Clerk, Middle District United States District Court Room 800, U.S. Court House 801 Broadway Nashville, Tn 37203			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) Isaac I. Eguaebor T.C.I.X 1499 R.W. Memorial Highway Only, TN 37140		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 06/25/86	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 06/01/07	7. TIME (A.M. OR P.M.) 2:00 pm	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.) Pages attached.					
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: #f0f0f0; border: 1px solid black; border-radius: 5px; opacity: 0.5; pointer-events: none;"> RECEIVED CLERK'S OFFICE MAY 28 2010 U.S. DISTRICT COURT MID DIST TEN </div> </div>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). <div style="text-align: center;">NONE</div>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.) <div style="text-align: center;">NONE</div>					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Isaac I. Eguaebor (injured person).					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
N/A		N/A			
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE <div style="text-align: center;">N/A</div>	12b. PERSONAL INJURY <div style="text-align: center;">\$50,000</div>	12c. WRONGFUL DEATH <div style="text-align: center;">N/A</div>	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 		13b. Phone number of person signing form 615-506-8945		14. DATE OF SIGNATURE 05/24/10	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.	
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input checked="" type="checkbox"/> No <div style="text-align: center; padding-top: 10px;">N/A.</div>	
16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="text-align: center; padding-top: 10px;">N/A</div>	17. If deductible, state amount. <div style="text-align: center; padding-top: 10px;">N/A</div>
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.) <div style="text-align: center; padding-top: 10px;">N/A.</div>	
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input checked="" type="checkbox"/> No <div style="text-align: center; padding-top: 10px;">N/A.</div>	
<div style="text-align: center; margin-bottom: 10px;">INSTRUCTIONS</div> <p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center;">Complete all items - Insert the word NONE where applicable.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.</p> </div> <div style="width: 48%;"> <p>DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> </div> </div>	
<div style="text-align: center; margin-bottom: 10px;">PRIVACY ACT NOTICE</div> <p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p> <p>B. Principal Purpose: The information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".</p>	
<div style="text-align: center; margin-bottom: 10px;">PAPERWORK REDUCTION ACT NOTICE</div> <p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	

FEDERAL TORTS CLAIM

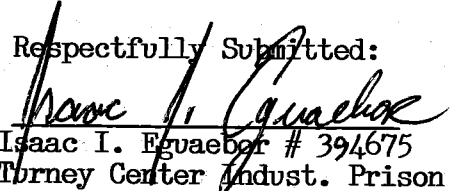
8. (Basis of the claim).- 1. I Isaac Egvaebor, was housed at the Hill Detention Center on June 1st 2007, formerly known as "HDC."
2. On June 1st 2007, I had returned from out of town court in Murfreesboro, TN.
3. Once I entered the classification dorm, the classification officer retrieved my property, and assigned me to my housing unit. C#Pod.
4. I searched my belongings and notice my radio had been stolen from my property. I confronted the inmate it lead to an argument I departed from the inmate and pushed the trashcan over.
5. After that Officer Stephanie Levi, and Mathew Riggs entered the pod. They instructed me to go to the holding cell in the front hallway near the main entrance
6. Once in the hallway I pushed an officer's lunchbox off an officer's workstation. Officer Michael Hunter came running out of the unit as soon as he heard the lunchbox hit the ground. The officer then tackled me from behind slamming me to the ground breaking my left leg and splitting my lip in half.
7. In the time I was on the ground Officer Michael Hunter threaten to break my neck. Officer Hunter then Motion for me to get up and walk after I told him I could not walk, he then drugg me to the holdin cell upon another Officer's demand.
8. Once in the holding cell the Medical Personnel saw me I was then admitted to the Emergency room minutes later.
9. I attended Nashville General Hospital 1818 Albion Street Nashville, TN 37208. My stay was 06/01/07-06/06/07. The Doctor's performed surgery and prescribed medications. Documents attached.
10. I suffered a laceration of the lower lip which was saturated in the emergency room. I also suffered a fracture of the left-femur which needed surgical Intervention. The Doctor's performed the surgery 06/02/07-time:16:50:27, EST 22:02:17EST.
11. Once discharge the hospital prescribed crutches for the weight bearing on the left

leg. The hospital seen me a couple times after that but, My therapy was never performed.

12. The Officer's name that injured me was Michael Hunter. This incident occurred inside a jail. Davidson County Sheriff's Office "The Hill Detention Center" 448 2nd Ave. north nashville, TN 37201.

13. The court is invited to the following Exhibits: Exhibit A: The Report Of operation. Exhibit B: The Discharged Summary, and the Clinic Note. Exhibit D: The photos of the injury.

Respectfully Submitted:


Isaac I. Eguabor # 394675
Turney Center Indust. Prison
1499 R.W. Moore Memorial Highway
Only, TN 37140